

APPLICATION FOR RECORDS RETENTION SCHEDULE

GEORGIA DEPARTMENT OF HUMAN RESOURCES
OFFICE OF ADMINISTRATIVE SERVICES
RECORDS MANAGEMENT UNITFor instruction) on completing this form contact DHR Records Management Unit, 47 Trinity Avenue, Atlanta, Georgia
30334. Phone - (404) 656-4976 GIST: 221-4983

DHR Application Date January 28, 1981 Application Number DHR 81-2	1. GEORGIA DEPARTMENT OF HUMAN RESOURCES State Health Planning & Development Agency 43A Executive Park East, N.E. Atlanta, Georgia 30329	ARCHIVES AND HISTORY Application Number 81-78 Date Received 1-28-81 Date Completed FEB 3 1981
2. Person to Contact Mrs. Lucile Brookshaw		Working Title Chief, Program Support Section Telephone Number 894-2668
3. Action Requested a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void		
4. Dates of Series Earliest 1971 Latest to present	5. Records Series Title (followed by title used in office, if different) Data Questionnaire - Joint Nursing Home and Intermediate Care Home Statistics Files	
6. Division and Office Function What is the function of the Division and the Office in which this record series is created? The State Health Planning and Development Agency has the responsibility for providing planning and technical assistance to managers and planners for meeting the expectations of the Federally-funded comprehensive health planning programs. This is accomplished by: preparing the State Health Plan for determining the health service requirements of Georgia residents; identifying the available resources for health services; developing plans for carrying out activities to provide health service needs; approving or rejecting Certificate of Need applications; reviewing and commenting on applications in accordance with Section 1122 of the Social Security Act; providing staff assistance to the Statewide Health Coordinating Council; approving architectural plans and monitoring construction of health facilities; monitoring uncompensated care provided for poor patients; and implementing Appropriateness Review for assurance that institutional health services are meeting the needs of citizens when measured by established standards.		
7. Records Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: collecting statistical information for use in nursing home/ intermediate care home health planning and resource development in Georgia. Included are: form (Nursing Home Questionnaire - State of Georgia) which shows reporting period; whether facility in operation 12 months; name and complete address of facility; type of ownership (State/Local/Federal Government - not for profit / proprietary); name and phone number of person to call for further information concerning questionnaire; licensure classification of facility (skilled nursing only, intermediate care only - whether certified for two levels of care (distinct parts/intermingled); Utilization - inpatient days by Medicare, Medicaid, private and other, totals; evaluated bed capacity, current licensed beds, beds currently set up and staffed for use, bed days available during period, percent of occupancy during period; admissions/discharges by Skilled Nursing Facility/Intermediate Care Facility and totals; discharges due to death; total discharged patient days of care; total current census by age and sex; number of residents The file is arranged: by year; thereunder, by State Plan area; thereunder, alphabetically by name of facility.		
8. Monthly Reference Rate How often are records referred to which are: One to six months old 3-4 ; Seven to twelve months old 3-4 ; Thirteen to twenty-four months old 3-4 ; twenty-five months and older occasional ?		
9. Annual Rate of Accumulation or Records Letter-size drawers 1/2 ; Legal-size drawers ; Shelves ; Other (Specify)		

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
	X	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
	X	c. Is this a vital record?
X		d. Does this series have historical or long term research value?
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
	X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
	X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
	X	i. Is this series (or a major portion of it) regularly microfilmed?
	X	j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept:

a. State Law	_____ years.	d. Audit period	_____ years.
b. Statute of limitation	_____ years.	e. Administrative need	20 _____ years.
c. Federal law	_____ years.	f. Federal retention instructions	_____ years.

Attach copy or excerpt of laws or regulations. Explain administrative need.

Statistical studies in planning for health services and resource development throughout Georgia

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☒ Calendar Year; ☐ Fiscal Year; ☐ Other _____, then,

- * ☒ Hold in the current files area _____ month(s) 15 _____ year(s); then
- ☐ Transfer to local holding area; hold _____ year(s); then
- ☐ Transfer to State Records Center; hold _____ year(s); then
- ☐ Destroy
- ☒ Transfer to State Archives for permanent retention.
- ☐ Other (Specify) _____

*needed at present for comparative studies;
however, consideration will be given to
reducing retention period

Note: If the information is ever put into a computer, reevaluate this schedule to consider scheduling the computer reports for permanent retention and scheduling the questionnaires for eventual destruction.

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
Lucile Brookshaw	1/22/81	Elizabeth W. Crank	1/28/81
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)		Elizabeth W. Crank, CRM State Records Committee (Signature)	Date
State Auditor/Designee		Donna J. Jones	2-2-81
Secretary of State/Designee		Carroll Hart	2-2-81
Attorney General/Designee		M. Wheeler	2-3-81

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Data Questionnaire - Joint Nursing Home and Intermediate
Care Home Statistics Files

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7. receiving "Nursing Care" during the last 7 days of the reporting period; Expense Data (listed and total) ; daily ~~or~~ monthly charge (private pay, Medicare, Medicaid, other) ; Personnel breakdown by service and position, number of full-time employees, number of part-time employees, hours worked over the last 7 days for ~~part-time~~ employees and total personnel; whether facility has active waiting list for admissions - if **so**, how many weeks to wait and number of people on waiting list; whether facility has restrictive admissions policy and restriction (mentally retarded, substance abuse, non-ambulatory, etc); services rendered to patients in addition to room and board (supervision over medications, help with bath ~~or~~ shower; help with eating, etc); total current residents by ambulatory; semi-ambulatory, nonambulatory ; names of hospitals with which facility has written agreement for transfer of patients; approximately how many transfers were made to hospital(s) during reporting period; whether facility is part of hospital - if **so**, give name of hospital; listing, by county of residence, patients admitted to facility during reporting period for skilled nursing care, intermediate care; signature of Chief Executive Officer and date of report.